

St. Bartholomew's Hospital



JOURNAL.

VOL. I. No. 3.

DECEMBER, 1893.

PRICE SIXPENCE.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers, Messrs. RICHARDS, GLANVILLE & Co., 114, Fenchurch Street, E.C.

St. Bartholomew's Hospital Journal,

DECEMBER 14th, 1893.

"Æquam memento rebus in arduis
Servare mentem."—Horace, Book ii., Ode iii.

WE regret that some misunderstanding has arisen as to the exact position of the Abernethian Society in the Amalgamated Clubs, and we are told that remarks which have appeared in the JOURNAL have, quite unintentionally on our part, added to this misunderstanding. We therefore take the earliest opportunity of explaining the exact relations of the Abernethian Society to the Athletic Clubs, and hope in this way to remove any doubt. It is our wish that the two branches of the Amalgamation—the Scientific and the Athletic—should work well together, and we will do all in our power to promote their common interests. In the first place, students may, if they wish, become members of the Abernethian Society without joining the rest of the Amalgamated Clubs, or they may support the athletic part without becoming members of the Abernethian; but recognising how the prosperity of one branch contributes to the success of the other, students are, on all sides, advised to join the whole. In the second place, the Abernethian Society is in a different position to the "Other Clubs" with respect to financial control. When the Amalgamation scheme was agreed upon, it was rightly pointed out that the Abernethian

Society—one of the oldest Medical Societies in London—is in every way a different body to any of the Football and Athletic Clubs, and therefore a different arrangement was made in respect to finance. All the ordinary Clubs must present estimates of their proposed expenditure, which are considered by the "Finance Committee," and may be amended. After considering them, the Finance Committee make such grants as they deem sufficient. Thus the Clubs are under *absolute* financial control. It is not so with respect to the Abernethian Society. In place of presenting estimates and receiving a grant, a fixed sum for every student who joins the Amalgamation, or the Abernethian part of it alone, is paid to the Committee of the Abernethian Society, and the sum thus received may be spent by them in whatever way they consider best. They are requested, however, to present an account of their expenses to the Finance Committee. In return for this concession, the Abernethian Society agreed to bear the cost of the supply of papers and periodicals to the Smoking Room. Some dissatisfaction having arisen on a supposed deficient supply of papers, the matter was considered by the Finance Committee at their first meeting in October, and, as reported in our last number, a resolution, calling the attention of the Abernethian Committee to the subject, was passed. It was not known to the Finance Committee at that time that, a day or two previously, the Abernethian Committee had considered this topic, and had decided to take in several additional papers. This resolution appears to have annoyed some of the prominent members of the Society, and we therefore hasten to assure them that it was not passed in any spirit of opposition. The Committee of the Abernethian Society have replied to the resolution, and have most courteously given full information on the subject. It is quite clear that they have liberally met the requirements of the Smoking Room as to papers and periodicals, and any apparent deficiency in the supply is due simply to the fact that members are in the habit of taking papers from the Smoking Room into the Abernethian Reading Room, which adjoins it. We are sure that it is only necessary for us to call the attention of members to

this to ensure that the papers in future will not be removed from the room. We have much pleasure in making this explanation, and trust that the two branches of the Amalgamated Clubs will, as in the past, work cordially together for the common good.

Cases of Ataxic Paraplegia (Ataxic Neuritis).

ABSTRACT OF A CLINICAL LECTURE BY SAMUEL GEE, M.D.,
OCTOBER 12th, 1893.

I.—There are cases which bear a *prima-facie* resemblance to motor ataxia, but which, on further examination, are found to differ in several respects from the type of that disease: *e.g.*

- (1.) The family or hereditary ataxia.
- (2.) Spastic ataxia: the walk being ataxic, but the patellar tendon reflex being increased, and the ocular and some other symptoms usual in motor ataxia being absent.
- (3.) Ataxic paraplegia (pseudo-tabes).

II.—There are cases which are apt to be deemed cases of motor ataxia, and in which, after death, no lesion of the spinal cord is found, but either a neuritis (peripheral nervo-tabes) or a disease of the posterior roots of the spinal nerves within the vertebral canal.

First Case.—A. B., 39 years old, admitted into Luke ward on October 7, 1893.

The most obvious symptoms are two, the manner of walking, and the absence of patellar tendon reflex. (1.) On getting out of bed he has great difficulty in assuming the erect posture. He walks with his legs apart, and takes very short and feeble steps. The gait is not that of ataxia. He does not drag his toes on the ground. He cannot walk with his eyes shut. He cannot stand with his feet together. He turns badly. (2.) The patellar tendon reflexes are quite absent. It is this symptom which suggests the diagnosis of motor ataxia in these cases.

The muscles of the legs are not wasted, and their power is considerable; no foot-drop. Electrical reactions natural. Sensibility of skin of legs natural. No muscular tenderness; no pains.

Arms, natural. Pupils good size and act to light.

No disorders of micturition.

Memory bad.

This is no doubt not a case of motor ataxy, nor can it be explained by supposing the existence of any known form of disease of the spinal cord. Though his memory is bad, his dementia is not sufficient to explain his very bad walking. Wherefore, by way of exclusion, it would seem to be most probable that the patient's symptoms (so far as the legs are concerned) are due to neuritis. That is to say, the pseudo-tabes is a peripheral nervo-tabes, or, as we might say, an ataxic neuritis.

If he be suffering from neuritis, has there been any known cause of that disease at work in his case? Two causes:

(1) exposure of the legs to cold and wet in the course of his employment as a night policeman; (2) more important still is the fact that he has drunk heavily. Alcoholic neuritis, in men, seems to be very apt to take on the ataxic form. The forms of neuritis are very various, according to the nature of the morbid poison at work, and to the sex and age of the patient. He denies syphilis and injury.

[POSTSCRIPT.—His mental condition rapidly deteriorated. On October 28, it is noted that he passes his urine on to the floor, and his fæces in bed; he sees phantoms; calls for his uniform. We may suppose that the alcoholic degeneration of the nerves was a forerunner of alcoholic degeneration of the brain.]

Second Case.—T. F., 34 years old; admitted into Luke ward on April 2, 1887. He has been a digger in South Africa. A great spirit-drinker. Had syphilis with secondary symptoms ten years ago; also gonorrhœa several times. Two years and a-half ago he could not walk in the dark; felt unsafe, became very weak in the legs. November, 1885, he lost the use of his legs suddenly and completely; his arms were similarly but less affected; retention of urine. Three weeks afterwards, some power in the legs suddenly returned, but since this time he has been unable to stand; his legs have wasted much. Seeing a patient with well-marked motor ataxia walking the ward, he said that he never walked like that.

In the hospital: (1.) Movements of legs and of arms more like ataxia than anything else; he cannot stand alone. (2.) Patellar tendon reflex absent. (3.) Much wasting of legs, less of arms. Faradic contractility of muscles, normal. (4.) Sensation in arms natural, in legs diminished; he cannot feel the ground. Sense of position of legs lost. Shooting pains in legs "like electric shocks." (5.) Pupils not small, act well to light and accommodation. (6.) Micturition slow and laborious. Mind, natural.

In this case, as in the former, alcohol and exposure to bad weather are the probable causes of the disease. In the latter case, syphilis is another possible co-operating cause.

Third Case.—T. B., 55 years old; admitted into Luke ward on October 16, 1893. Denies syphilis; has drunk about a pint and a-half of beer daily, and has been in the habit of getting drunk upon beer about once a week.

Nine months ago he began to feel numbness in his hands and feet; after a time all his limbs became weak, his legs giving way under him when he tried to walk, and his hands starting when he attempted to do his work, that of a shoemaker. The last two months he has been badly off, and his disorders have increased.

His four limbs are weak and somewhat wasted. He has much difficulty in buttoning his clothes or picking up a pin. His walk is feeble, but not ataxic. There is no foot-drop. Micturition and defæcation unaffected. Speech natural.

Patellar tendon reflexes absent.

The tibialis anticus group of muscles and the peronei

contract to faradisation, but require a strong current: in all of them ACC > KCC, except the ext. digit. long., in which ACC = KCC. The muscles of the arms all contract to faradisation, but require a strong current. The right ext. comm. digit. and left flexor long. digit. give ACC > KCC; the left supinator longus ACC = KCC; all the other muscles acted normally to galvanism.

No pain; slight defect of sensibility in places. Pupils not very small, but hardly contract to light.

Transverse Presentations of the Fœtus.

By C. HUBERT ROBERTS, F.R.C.S., M.B., M.R.C.P.,

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Physician to Out-Patients Samaritan Hospital for Women,
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Two very interesting cases of so-called transverse presentations have occurred during the last month in our Maternity Department, I venture to record them with a few remarks thereon:—

Both these cases curiously occurred within a day of one another, and were attended by the same midwifery clerk, Mr. S. C. Hounsfield, from whose excellent notes I give this abstract.

CASE 1.

Transverse Presentation and Placenta Prævia.—E. H. æt. 32. Multip. Four previous pregnancies, all natural.

Oct. 6.—Called 1.35 p.m. Membs. ruptured shortly before: was losing freely when Mr. Hounsfield arrived. Examination P.H. showed the fœtus lying obliquely, head to left, and back to front.

PV. Large clots in vagina; os. dilated; placenta easily felt, and R. shoulder presenting with it.

Our Extern. Mid. Assistant, Mr. Stubbs, was sent for. Arrived shortly after. Placenta was detached from lower uterine segment, which stopped a good deal of the bleeding. P. 108.

Dr. Robinson, the Intern. Mid. Assistant, was sent for, and, at 4 p.m., under chloroform, performed podalic bipolar version; R. arm and R. leg brought down easily and child delivered at once. Ch. male. Born dead, 5 p.m. Occip. Anter. No difficulty with head. No severe bleeding during this. P. followed at once, and ergot given. P. 80. Mr. Hounsfield left patient at 6.5 p.m., doing well.

The placenta showed very well-marked thrombosis of its lower corner, quite different from the remainder of placenta, the thrombosed corner being the part which was prævia, this is not at all uncommon.

The same evening, at 9.50 p.m., the woman was doing well. P. 80; T. 98.4. Very little loss.

Oct. 7.—Patient doing well. Had a fair night. Very severe afterpains. T. 98.4; P. 88.

Oct. 17.—Patient has gone on very well ever since Oct. 7th, and practically not had a bad symptom. T. never above 98.8, or pulse above 88. Letter taken Oct. 17. No thrombosis, or swelling of legs.

CASE 2.

Twins. Transverse Presentation of second. Spontaneous Expulsion.—M.C. æt 41. Mult. Three former pregnancies; no transverse presentation or twins, labours easy.

Oct. 7.—Called 11.15 p.m. Woman in labour, abdomen very large, limbs to front, but twins not suspected.

PV. Bag of membranes found protruding; a vertex presentation made out; os. fully dilated.

12.15 a.m.—Membranes ruptured, child male, small, followed without difficulty, almost at once (R. occip. anterior).

Uterus still too big, then on examination another bag of membranes, and child felt.

No definite presentation of the second child could be made out, the head was felt high up, P.H. rather in left iliac fossa, and the limbs to other side.

Our Extern. (Mr. Stubbs) arrived at 1 p.m., and recognised at once transverse presentation of second twin, an elbow was lowest at the time. Chloroform was given and podalic version attempted. R. arm brought down, then L. Each was kept down with a tape, then R. leg, and taped with great difficulty; but child would not revolve, and knee would not come to vulva.

The Intern. Midwifery Assistant, Mr. Stack, was sent for, and found the fœtus driven down and impacted with the curious presentation of both arms, the R. leg and back; the spines, especially of dorsal region, about 6th to the 8th, could be felt. Neck could not be reached, and the uterus was by this time acting violently, the upper uterine segment contracted and drawing the lower uterine segment up over fœtus with dangerous thinning; the so-called ring of Bandl. could be felt, and the uterus was very mobile.

As it was evident something else would be necessary, I was sent for, and arrived at 4.30, but just before I arrived, matters were settled by the woman expelling the fœtus herself (spontaneous expulsion, doubled-up body). Child male, small, dead.

The child is now in the museum, and is an interesting specimen of the way in which Nature can sometimes expel these cases of transverse presentations by one of the so-called natural methods, which, please remember, though natural, are never to be waited for.

This was a most curious case, for the body did not come through doubled-up quite in the usual way, and the presentation of the back was exceptional. It descended like a wedge, with the two arms down, then followed the back and R. foot, then the head doubled into the abdomen, lastly the L. leg. Child, of course, dead.

Placenta: large, one mass, two separate bags, two cords.

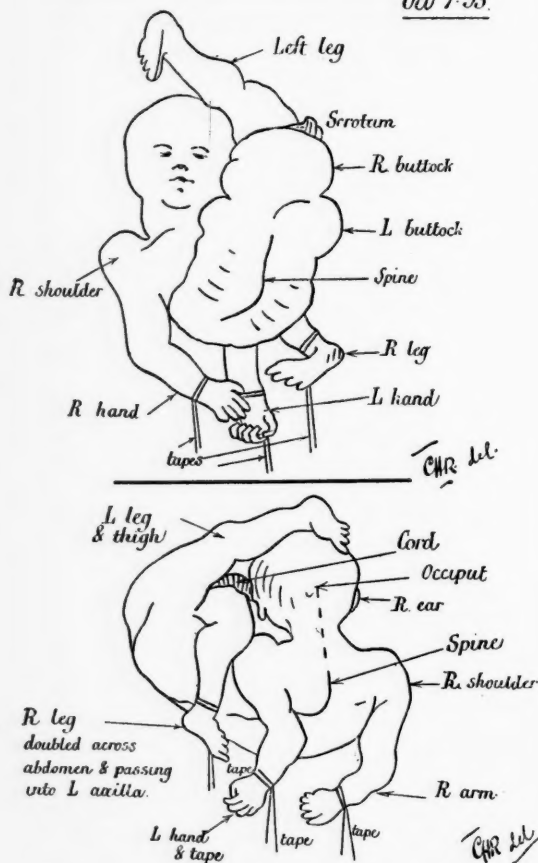
The case did perfectly well afterwards. The T. never above 99.8, or P. above 92.

On the 21st she was quite well, and the other twin doing well. Letter taken away.

I append two drawings of the dead child as it appeared after delivery.

Trans. Presentation - one of Twins.

Oct 7-93.



TWO VIEWS OF THE SECOND CHILD TO SHOW THE CURIOUS DOUBLING UP OF BODY DURING EXPULSION.

These cases are interesting. The *first*, transverse presentation and placenta prævia, illustrates abnormalities which may appear together, as with placenta prævia we frequently get abnormal presentation. I do not intend here to speak of placenta prævia and its treatment, except to say that I would not advise separation of the placenta from the lower uterine segment.

As regards the transverse presentation, this was a fairly easy case. The version was, very properly, performed early, and with good results. Mind, we ought never to leave these cases to Nature, though the second case shows that Nature will expel them sometimes spontaneously.

The *second* case was transverse presentation of one of twins, and spontaneous expulsion. Possibly, if the child

had not been a twin, and, therefore, small, great difficulties might have arisen in such a case; as it was with a small child, and a dead one, expulsion occurred in the way you have seen. Note the curious way in which it was expelled: back first, both arms down, and one foot (R.), which was crossed over abdomen, the R. foot appearing at L. side, close to the L. axilla.

TRANSVERSE PRESENTATIONS

Should, I think, rather be called "oblique," since they are really never transverse, as the greater part of child still occupies the body of uterus.

The shoulder or axilla (side) generally presents, and then with rupture of the membranes the arm is prolapsed. Remember, nearly all oblique presentations are ultimately shoulder.

Occurrence 1—300.

Position :—

- (1.) Dorso anterior, L. and R.
- (2.) Dorso posterior, R. and L.

Dorso anterior much the commoner; proportion 2 : 1.

1st, 2nd, 3rd, 4th positions common in order as above, not 1st and 3rd as in vertex cases.

Predisposing Causes :—

Multiparity, tumours, contracted pelvis, twins (especially 2nd), very large child (especially ♂), prolapsed extremities, enlarged pelvis, double monsters, tumours of foetus, short cord, dead foetus, placenta prævia, hydramnios, pendulous belly, obliquity of uterus.

Causes.—Those which prevent ordinary vertex cases.

Diagnosis.—Abdominal palpation, chiefly obliquity of uterus, head or breech towards one or other iliac fossa: position of foetal heart.

P. vaginam.—Feeling shoulder or ribs, later, arm down. Elbow at vulva. Prolapsed cord common. (Remember, not all cases where hand is in cervix are transverse, but, if elbow at vulva, they generally are.)

Course of Labour.—The uterus does not act properly, labour comes on slowly, and pains ineffectual, then they may pass off, and the danger is that you may fail to recognise such a case, and fancy, perhaps, that labour has not commenced; in fact, the uterus may never enter on the second stage at all. The waters come away, and then the uterus begins to retract off the foetus; the upper uterine segment contracting and pulling upon the lower uterine segment, which soon becomes dangerously thin, and rupture of the uterus is imminent. (I would define the lower uterine segment as that anatomically to which the peritoneum is loosely attached.) In fact, we have all the symptoms of obstructed labour, and you must *never leave such cases to Nature*.

Natural Endings :—

1. Collapse.

2. Exhaustion, septic poisoning.
3. Ruptured uterus.

In neglected cases the woman gets stupid, does not feel pain, in fact she is too ill, she gets drowsy, or delirious, labour pains cease, the temperature rises, thirst, vomiting, sweating, and collapse ensue, and death, perhaps with ruptured uterus.

Nature's termination of the Labour.—

1. *Version—*

- (a) Spontaneous rectification.
- (b) Spontaneous version.

2. *Expulsion—*

- (a) Spontaneous evolution.
- (b) Doubled-up body.

Methods { External.
Internal.
Bipolar.

Contra-indications:—

1. Too deep position of presenting part.
2. Too long impaction, waters gone.
3. Uterus cylindrical and moulded.
4. High position, Bandl's ring, and thinning of lower uterine segment.

Remember in version, which I will not go into here, probably podalic bipolar the best, bring down leg corresponding to presenting shoulder and hand.

Note, in Case 2, the curious crossing of opposite leg across abdomen, and difficulty of recognition.

B. *Decapitation—*

- (a) If shoulder driven low down, and impacted.
- (b) Ut. moulded and liq amni gone.
- (c) Lower uterine segment very thin.

VARIETIES OF SPONTANEOUS EVOLUTION.

Class.	Character.	Quality of Fœtus.	Varieties.	Author.	Obstetric operation represented.
A. Expulsions.	Action on one pole produces no immediate effect on other poles.	Viscous mass	1. Partus concludicato corpore.	Kleinwächter	Spondylotomy.
	Presenting part never retreats. (Child, dead.)	Limp spine	2. Spontaneous expulsion.	Douglas (Dublin).	
B. Versions.	Action on one pole immediately affects opposite pole.	Series of levers	3. Spontaneous version, above brim.	—	Turning by external manipulation.
	Presenting part retreats. (Child, alive.)	Fairly stiff spine	4. Spontaneous evolution, low down.	Denman.	Turning in neglected cases.

The above table may be useful (copied from Dr. Champney's table Mid. lectures, July, 1893).

These are well explained in all text-books, and I need not say more about them here.

Prognosis—always bad.

Mothers 50% die.
Children 70% die.

Dangers, neglected labour; therefore you must never leave a case in hopes that Nature will terminate it for you.

Treatment—Two classes of cases.

- (a) Those in which you can turn.
- (b) Those in which you dare not turn.

A. *Version—*

Cephalic.
Podalic.

Remember, in using decapitating hook, always to protect with hand, point backwards, and to cut through neck, not body.

Decapitation impossible, as in Case 2:—

1. Embryotomy (assist evolution).
2. Spondylotomy (assist evolution), dividing spinal column.

The latter alternatives would possibly have been necessary in the case I mention, had there been a full-sized child and not a small twin.

I apologise for saying so much, but I think such cases are of great interest, and their recognition and the proper treatment of neglected cases one of the most important points in the study and practice of midwifery.

25, Welbeck Street.

Intravenous Saline Injection in Cholera.

H. J. MANNING WATTS, M.R.C.S., ENG., L.R.C.P., LOND.,
RESIDENT MEDICAL OFFICER, GRIMSBY CHOLERA
HOSPITAL.



THE treatment of Cholera in England by the injection of Saline fluids into the veins of patients during the stage of collapse has hardly, to my mind, been thoroughly tested. I believe that in the epidemic of 1866, that Mr. Little, at the London Hospital tried this treatment on several of his patients with fair success, but, luckily for this country, we do not have many cholera epidemics in which any treatment can be carried out to any large extent. I do not know at this moment whether intravenous saline injections have been tried in the home of Cholera, India to wit, but I should imagine that they have, and may have been laid aside as they proved of no success, but that is no reason why we should not try it in England, as we know that climatic causes and general hygienic matters do have an important influence on certain treatments, which may prove to be of use in one country and yet of little or no use in another, and then again, one drug has not the same effect on everybody, and it may probably be the same with saline injections, which poured into the veins of an Indian may act in a totally different manner to which it would if injected into a European, whose respective nervous systems may be either more or less highly organised than the other's. But this is theory, and, coming to practical points, we have of late years been made aware that the cholera germ, known as the comma bacillus, has amongst others a certain influence on the alimentary canal which causes the intestinal glands to secrete a large amount of watery fluid, which has at different times been analysed by various authorities and found to be of specific gravity between 1,002 and 1,015, is either neutral or slightly alkaline, and consisting for the greater part of water, holding in solution salts of soda and potash and more especially chloride of soda; the solids are slight in proportion to the fluid part. Now, if the blood of a cholera patient is examined, it is dark in colour, is thick and tarry in consistence, has lost most of the water from the liquor sanguinis and also a corresponding proportion of its salts. Again, if the urine is tested we shall find a similar case, namely, a deficiency of salts, thus showing that these rice-watery stools have an excess of salts which they have gained at the expense of the blood. Bearing these few facts in mind, and also that there have been cases recorded of persons recovering from a state of profound syncope, caused by a loss of blood, either due to injury or some other cause, simply by having a saline solution injected into their veins, or subcutaneously, and also deep into or between the muscles, I determined to try the effect of saline injections on cholera patients when in a stage of collapse.

To give a general idea of the mode of injection, I will briefly describe how I set to work. The apparatus that I

used was a blunt-ended metal cannula (belonging to an Aveling syringe), and a Higginson enema syringe. The cannula that I used was too blunt, and had not a small enough tip to enter a vein of the size of the median basilic or cephalic veins, but a very fair cannula and quite good for the purpose can be made out of a piece of glass-tubing by heating it over a spirit lamp, drawing it out, and tapering it to a point, then filing and heating the end till it is blunted, so as it can enter a vein easily. (I should have used the Aveling syringe, but could not work it at first.) I took the nozzle off the Higginson syringe, and tied the cannula on to the indiarubber. I then passed a solution of boiling water and salt through the syringe till I thought it clean enough to work with. The advantage of using the Aveling cannula was that it was fitted with a tap, so that I could turn the solution off and on at will.

I then washed the arm with carbolic soap first, and afterwards with a solution of perchloride of mercury, 1 in 2000. I then tied a bandage round the arm above the elbow, and with a Paget's knife made an incision over the median cephalic or basilic vein (whichever showed up best), and picking up the vein clear from the surrounding tissues, I made a fair-sized opening into it, and slipped the cannula into the vein. I then tied it in, and slowly pumped the solution into the vein, having first taken off the bandage compressing the arm. I found that in my first case the cannula was too large to enter the vein, and so I pushed it under the subcutaneous tissues, and injected the fluid slowly there, but I found that I could only in this manner put two or three oz. in, whilst into the vein I put between eight and nine ozs. After I had injected the solution, I put a graduated compress on, and bandaged the arm up. The formula for the saline solution was given me by Dr. Reece, of the Local Government Board, and was as follows:—

Sodii Chlorid.	gr. : 50
Potass Chlorat.	gr. : 3
Sodæ Sulph.	gr. : 25
Sodæ Carbon.	gr. : 25
Sodæ Phosp.	gr. : 2
Aq. Destill.	ad OI ;
Misce.	ft. Solutio.

The temperature at which I injected the solution ranged between 100° and 102°. I ought to mention that in the first case I did not use the above solution, but a filtered and saturated solution of salt. In the case (H. S.) there was not any marked improvement, his breathing certainly was not so irregular and spasmodic, but was quieter and regular and his pulse was fuller and stronger, but in the second case (J. B. S.) the man was markedly improved. His temperature rose, and he was decidedly warmer and better; pulse which had been thready was of a better volume and stronger: he had been falling into a kind of stupor, but he now became brighter and cheerful and his spirits rose and he kept saying, "Oh! I feel like a king now." He was again injected 26 hours afterwards, and the change was even more marked on

the second occasion than on the first. These two cases made me resolve to try the saline injection further, if opportunity presented, but we had no more patients in a state of collapse, as the cholera was then dying down. I will now add brief notes of the two cases that I tried the saline injections on.

1.—H. S., male, aged 53, was admitted to this hospital late on night of Sept. 9th. He was very cold about the trunk, and his arms and legs were extremely so. His face was livid and dusky, with darker rings around his eyes, which were half closed. He was vomiting profusely, had copious diarrhoea and cramps in abdomen. His temperature was 97.4°, and his pulse fast, small and regular, 130 to minute. He was thoroughly warmed up by hot blankets, and hot-water bottles placed around him, and as he got warmer he seemed to improve and had a few snatches of sleep during the night. The next morning he seemed better, colour of face was more natural, his temp. was 99.4° having risen two degrees, his pulse was regular, of good vol. He had not vomited so much, and had kept down some hot coffee and hot milk that he had taken. He continued to improve during the morning, but in the afternoon he became collapsed, his face becoming livid and dark, his arms and hands congested, his temp. fell to 97.2°, pulse being small and thready, getting no better from being rubbed and heat being applied. I opened his left median cephalic vein with a view of injecting a saline solution, but failed to get the nozzle of the cannula into the vein, and had to content myself by injecting the solution under and between the subcutaneous tissues. I thus injected 4 ozs. of a saturated solution of salt and water, I then bandaged the arm and watched him for an hour, having him all the time well wrapped in hot blankets. He seemed a little less distressed, but not to any marked extent, so that I injected 40 minims of ether purus into his left nates. In another hour's time he was sensibly warmer (but from which of the two it was I cannot say), and was easier, and slept for 1½ hour. In the evening he was very restless, and had Inj. Morph. Hypod. $\frac{mij}{ij}$, after which he slept for some hours, but about 4.30 a.m. (Sept. 11), his breathing became impeded and laboured and I gave him an injection of ether pur 3i. but to no purpose, as his breathing became worse, and in spite of everything that we did he died at 5.10 a.m.

2.—J. B. S., male, aged 46, was admitted Sept. 13th, with symptoms of cholera, which had been very severe but were now passing off. He was able to walk into the ward and undress himself. The next two days he improved, but on the 16th, he complained of abdominal pain which was dull and persistent, and with which he had some purging but no vomiting. 17th.—Pain still continues and is more severe, purging still continues also. 18th.—Vomiting and severe purging, bowels open 12 times, the motions being dirty lemon-yellow and were very watery, and small flocculi floating in it about the size of pieces of bran; during this time he was getting very weak and thin. On

20th he was very feeble, his face being thin and pinched, very dusky in colour, eyes sunken and turned up. His temperature ran down to 94½° in the afternoon, his breathing very short and shallow; hot blankets were constantly changed and mustard and linseed poultices put on his chest and back; in this state of collapse I injected about 5 oz. of the above solution into his forearm and also into his chest close to the rt. mamma (the nozzle again being too big to enter the vein). This seemed to afford him relief, as about one hour afterwards his breathing was better, his temperature rose to 96° and his pulse improved. During the night he was sick several times, but slept fairly well. The next morning he seemed better but the improvement was transitory, as during the afternoon he again became collapsed, his temperature running down to 95° (it having been 97.6° in morning), his breathing being very shallow, his arms were dusky and the veins showed up badly. I opened the left median cephalic, and getting the cannula into the vein I injected slowly 8 to 9 ozs. of the saline solution. About 40 minutes afterwards he was much better, his face was less drawn and haggard, his skin was a better colour, and he was more cheerful. Towards midnight he was restless, but slept after an injection of morphia. From this time he improved from the effects of the cholera, his face beginning to fill out and his pulse was stronger and of better tension. This continued till the beginning of October, when he had pleurisy with some congestion of right base, and this has been followed by bronchiectasis with very foul and offensive sputa: but he is now daily improving and will soon be removed to his home.

Pathological Laboratory.

NOTICE.

Gentlemen wishing to act as pathological clerks in the Pathological Laboratory from January to March, 1894, and from April to June 1894, are requested to give their names in to Dr. Kanthack before December 16th. We also remind gentlemen wishing to take out the course on Elementary Bacteriology in January, 1894, to communicate with Dr. Kanthack as early as possible, so that the necessary arrangements as to days and hours of attendance may be made.

SYLLABUS OF COURSE ON ELEMENTARY BACTERIOLOGY.

The next course will begin early in January, 1894, on days and at hours appointed by mutual arrangement. The class will extend over five weeks, meeting three times a week. Each demonstration lasts two-and-a-half to three hours. A short lecture precedes the practical work. The course is strictly elementary, and its object is to prepare for advanced work such as required for the various D.P.H. Examinations, but will be counted as part of the attendance required for these examinations.

Syllabus: A. Lectures: General remarks on micro-organisms. Classification. Artificial cultivation and nutrient media. Classification of Schizomycetes. Sporulation. Flagella. Involution forms. Biological conditions of Schizomycetes. Requirements for growth. Pathogenic germs. Anthrax. Parasites and their classification—Saprophytes. Symbiosis. Infection, Infective diseases, Contagion. Contagious obligatory parasites, Contagious facultative and non-contagious parasites. Methods of inoculation. Attenuation of pathogenic organisms. Lesions produced by anthrax bacilli. Natural Immunity and Susceptibility. Predisposition, natural and acquired. Acquired Immunity. Methods of immunisation. Anthrax and Immunity.

Cholera and its vibrios. *Ætiology of Cholera.* Pettenkofer's theory. Diagnostic value of comma bacillus. How to proceed in cases suspected of Cholera. Morphology of the *Vibrio* of Cholera, its growth, variability, and pathogenic property. Haffkine's anticholeraic vaccination and Metchnikoff's and Klein's criticisms. Klemperer's method of immunisation. Resistance of the Cholera-*Vibrio*. Preventive measures against Cholera. Suppuration: bacterial and non-bacterial. Pyogenic germs. Buchner's researches. Otitis media. Bacillus pyocyaneus and fluorescens. Staphylococcus aureus and albus. Streptococcus. Pneumococcus. Gonococcus. Bacillus of Friedländer. Meningitis, Endocarditis. Kruse and Pansini's work on the Pneumococcus. Sterilisation. Antiseptics. Disinfectants. Methods of testing antiseptics and disinfectants. Classification of antiseptics and disinfectants, antibiotic, germicidal and antitoxic properties of blood serum. Serum and Immunity. Immunising and curative action of serum. Theories of Immunity. Phagocytosis. Anaerobic micro-organisms and how to grow them. Tetanus. Infective granulomata: Tubercle, Leprosy, Glanders, Actinomycosis. Bacillus of Typhoid.

B.—*Practical Work:* Simple stains and staining methods. Gram's method. Löffler's methylene blue. Spore-staining. Ehrlich's, Ziehl's, and Löffler's fuchsin. Staining of sections with simple stains, by Gram's method. Staining of sections embedded in cell-oidin, by Gram's method. Staining of Tubercle bacilli in sputum and sections. Van Kettel's method. Staining of leucocytes and phagocytes.

Preparation of nutritive media: Bread, potatoes and potato-tubes, Peptone, Broth, Gelatine, Agar-agar, Glycerine-agar-agar, Asparagin, Serum. Study of organisms: Bacillus Prodigiosus, Pyocyaneus, Fluorescens, micrococcus agilis, and other chromogenic germs. Aspergillus niger, Penicillium glaucum, Sarcina lutea, Pyogenic staphylococci, micrococcus tetragonus, Streptococcus pyogenes, erysipelatos, pneumonie, Spirillum rubrum, Vibrio Koch, Finkler and Metchnikoff, Anthrax, Hay-bacillus, Typhoid bacillus, Tubercle bacillus, Tetanus bacillus, Actinomycetes.

Cultivation in various media, plate-method, hanging drop, impression specimens. Tissues and exudations containing anthrax bacilli, cholera vibrios, pyogenic germs, micrococcus tetragonus, tubercle bacilli, actinomycetes, glanders bacilli, tetanus bacilli, &c.

Practical study of Phagocytosis and Phagocytes, testing of antiseptic and disinfectant solutions by various methods. Sterilisation. Methods of separating micro-organisms from an infected animal, and from pus, sputum, &c. Cholera diagnosis. Sputum diagnosis.

Amalgamated Clubs.

AN APPEAL.

WE are told that there are still fifty-five third year's men who have not become members of the Amalgamation, and forty-six second year's men.

First year's men have mostly already joined, there being only about fifteen who are not members. We appeal to all who have not yet joined our ranks to do so without delay, for the "Finance Committee" are on the point of entering into new engagements of an extensive kind with the Medical School authorities, in connection with the maintenance of a ground for football, cricket, and lawn-tennis. We understand that negotiations for the purchase of a ground have just been concluded, and that the ground is, short of the legal process of transfer, already bought. In view of the increased advantages which this will offer to all Bart's men and the necessarily large expenses which must be incurred to maintain the new venture and make it an institution worthy of our great Hospital, we feel we can appeal with confidence to all who have not yet become members.

Third year's men can become life members of all the Clubs of the Abernethian Society by payment of one subscription of two-and-a-half guineas; if they are already

members of the Abernethian Society, the subscription is one guinea and a half. Second year's men pay three guineas for life membership, or, if already members of the Abernethian, two guineas. Subscriptions may be paid to Mr. Madden, in the Library.

CLUB NEWS.

A full account of the last most successful concert given by the St. B. H. Smoking Concert Club appears elsewhere.

Though not one of our number, we feel bound to congratulate a Club which, despite the great opposition which it has encountered, has yet attained to so thoroughly satisfactory a status. We wish the Smoking Concert Club every success, and hope that all its future concerts may be as excellently arranged and well attended as the last.

Mr. Gale's topical songs were encored with the usual vigour. The last verse of the duet sung by Messrs. Gale and Birdseye, since they "presumed" to make the JOURNAL the subject of it, we print in full:—

"We've a Paper, you know, at the Hospital now,
Only just lately it made its first bow;
Not before it was wanted, I think you'll allow.
For a 'tanner' you can usually spot it.
It reads very well in a sort of a way,
And when made a bit brighter is likely to pay;
Just at present it's a little too h'm-h'm, they say,
D' you know what?"

Scientific?

You've got it!"

On November 22nd the Association team, for the first time, joined the Rugby team in their annual visit to Birmingham. Both teams played Mason's College, the Rugby team winning their match by two goals and a try to *nil*. The "Socker" team were less fortunate, the match resulting in favour of Mason's College by three goals to two. We may add that neither of them was, in any way, "representative," since many of the regular players were unable to sacrifice the whole day.

The Association have also been to Hastings, where, after winning the match, they were kindly entertained by Dr. Gabb, himself an "Old Bart's man."

The excursion of the Rugby 2nd XV. to Eastbourne was not so successful, though, perhaps, none the less enjoyable.

RUGBY MATCHES.

Nov. 4th, Wickham Park, drawn, no score.

Nov. 8th, East Sheen, drawn, 1 try all.

Nov. 11th, R.I.E.C., Cooper's Hill, lost, 1 goal 3 tries to *nil*.

Nov. 18th, Middlesex Wanderers, lost, 2 tries to *nil*.

Nov. 22nd, Mason's College, Birmingham, won, 2 goals 1 try to *nil*.

Nov. 25th, R.N.C., Greenwich, won, 1 goal 1 try to *nil*.

Dec. 2nd, Ealing, drawn, no score.

Total, 2 won, 2 lost, 3 drawn.

2ND XV. MATCHES.

Nov. 4th, St. Thomas' II., lost, 3 tries to *nil*.
 Nov. 8th, Middlesex II., lost, 3 tries to 1 try.
 Nov. 11th, Wickham Park II., lost, 5 goals 1 try to *nil*.
 Nov. 18th, Croydon II., lost, 1 goal 6 tries to *nil*.
 Nov. 25th, Eastbourne, lost, 2 goals 3 tries to *nil*.
 Dec. 2nd, London Hospital II., won, 1 goal 3 tries to *nil*.

ASSOCIATION MATCHES.

Nov. 8th, Hastings, won, 3 goals to 2.
 Nov. 15th, Casuals, lost, 2 goals to 1.
 Nov. 18th, Vampires, drawn, 1 goal all.
 Nov. 22nd, Mason's College, Birmingham, lost, 3 goals to 2.
 Nov. 25th, Uxbridge, won, 3 goals to 1.
 Nov. 29th, R.I.E.C., Cooper's Hill, won, 4 goals to *nil*.
 Dec. 2nd, Chiswick Park, won, 2 goals to *nil*.
 Total, 4 won, 2 lost, 1 drawn.

2ND XI. MATCHES.

Nov. 4th, Old Cholmelians, won, 4 goals to 1.
 Nov. 11th, Barnes Incogniti, won, 4 goals to 2.
 Nov. 28th, Beckenham, lost, 2 goals to *nil*.
 Nov. 29th, St. Mary's, won, 2 goals to 1.

The United Hospitals Association team has played two matches, both of which they lost, owing, the Secretary tells us, to several members of the team scratching their names at the last minute on each occasion.

Nov. 8th, Oxford University, lost by 7 goals to *nil*.
 Nov. 29th, Cambridge University, lost by 3 goals to *nil*.

We notice that two out of the three officers of the U.H.A.F.C. are Bart's men,—viz., Captain, W. Wylls and Hon. Sec. and Treasurer, C. H. Hopkins.

BOXING CLUB.

OFFICERS FOR SEASON 1893-94.

President—H. T. Butlin, F.R.C.S.

Vice-President.

W. H. Jessop, F.R.C.S. P. Furnivall.

T. R. Smith.

Committee.

H. Bond. W. F. Bennett. A. Granville.

T. D. Jago. T. Martin. C. G. Mead.

Hon. Secs.

J. H. Hugo and J. E. G. Calverley.

The Instructor (Alec Roberts—Instructor to the Belsize Club) attends on Friday, 4.15 to 6.

The Boxing Club extend a cordial invitation to any men who wish to take up boxing. The boxing-room is not an easy place to find, even when one has been there before; but any member of the Committee will be glad to take new men over.

There are rumours of "great guns" who have joined us this season, and who are badly wanted to fill the places of men who have left the Hospital since the end of last season; these, especially, the Boxing Club will be glad to greet.

For the sake of new men we would mention that, besides gloves, the Boxing Club possess a Trapeze, Rings, Indian Clubs, etc. There is no doubt that, if football men would

make a point of attending the boxing-room regularly, their necessarily better condition would materially improve our match results.

On December 1st a general meeting was held in the Smoking Room, Dr. Shore in the chair, at which the Boat Club was reconstituted. Officers were appointed and rules made. These will appear in the "Year Book."

The Abernethian Society.



ON November 2nd the first Clinical meeting of the Society was held. Mr. Buck showed a young girl with chronic effusion into both knee-joints, of which, he suggested, tubercle or syphilis might be the cause. Mr. Maidlow then showed a case of morphea, or Addison's keloid, in a young woman of 17. The disease had been noticed for the last three or four months, and the patient could assign no cause for it. It consisted of thick, yellowish-white, indurated bands, which were somewhat depressed, and which followed very definitely the course of the supra-troclear, supra-orbital and nasal branches of the fifth nerve. There was no anæsthesia or pain, and there were no similar patches elsewhere. Her general health was good, and there was nothing important in her family history. The treatment consisted of tonics containing iron and increasing doses of liquor arsenicalis: galvanism was also suggested. Mr. Maidlow showed also a man, *æt* 46, with what he considered to be osteo-arthritis of long standing in both knee-joints. There was very great lipping of the bones, and not much synovial fluid in the joints. His knee-jerks were slightly increased, and his pupils, though unequal, were in other respects normal. He was subject to attacks of dyspepsia and flatulence when nervous or in any way excited. No other joints were affected. In the discussion that ensued the question was raised as to whether the case was one of simple osteo-arthritis or as to whether it was neuro-pathic in origin.

Mr. Atlee showed a case of ipecacuanha-poisoning in a man who had been admitted with conjunctivitis, due to some very finely-powdered ipecacuanha which had found its way into his eye, whilst he was at work moving large sacks of that drug. Some of his fellow-workmen had been similarly affected. He also showed a case of xanthelesma planum in a woman, *æt* 49, who for the last eleven years has been liable to sick-headache. And, lastly, Mr. Atlee showed a case of congenital malformation of the throat, in which the anterior pillars of the fauces were attached abnormally far forward.

Mr. Paterson showed a boy with tubercular disease of the elbow-joint.

Mr. Stubbs showed various chemical and vegetable specimens under the polariscope, and, Mr. Stack having

read some interesting statistics as to the cost of drugs at the Hospital at the present time and that of recent years, an exceedingly successful evening was brought to a close.

On November 9th Mr. Maidlow brought before the Society a case of purpura of doubtful origin: he suggested rheumatism, associated with sepsis, as a not unlikely cause. Dr. Weber showed a case of probable obliteration of the left common iliac artery, due to an injury inflicted four years ago. The patient suffered at night from cramp in the left lower extremity, when lying with both legs drawn up: there were, however, no symptoms of what Charcot, following Bonley, has described as "claudication intermittente des extrémités," though partial anæsthesia and lowered surface temperature seemed to show that collateral circulation was still insufficient for the proper nutrition of the limb.

The President, Mr. Stack, then called upon Dr. Weber to read his paper on "Arterio-sclerosis, its relation to Atheroma and some of its effects."

The essential change produced in arterio-sclerosis, Dr. Weber writes, is a thickening of the walls of the arterioles and capillaries: he objects to the terms "Endarteritis" and "Arteritis Obliterans" as expressing the primary lesion of arterio-sclerosis, chiefly on the ground that it still remains a matter of doubt as to whether inflammation is an essential factor or not in producing that affection. Arterio-sclerosis must, he thinks, be regarded, for the present at any rate, as a primary condition in Pathology, though allied to some extent to its alleged causes, which he then proceeded to enumerate. He dealt at some length with Dr. George Johnson's theory that arterio-sclerosis, in renal cases, is secondary to disease of the kidney, and pointed out the objections to this theory, as raised by Sir William Gull and Dr. Sutton: the relation of acute and chronic infectious diseases to the ætiology of this affection has not yet, he considers, been fully established. The presence of abnormal substances in the blood or tissues—whether due to over-exertion, to indulgence in alcoholic drinks, to excessive tobacco-smoking, to Saturnism or to Urichæmia—as a possible cause of this condition, was but lightly touched upon: more stress, however, was laid upon the influence of heredity, especially when associated with the arthritic and uric acid diatheses.

In Dr. Weber's opinion the commonest situations of this disease are the kidneys, the walls and valves of the heart, and the walls of the large arteries: whatever may be the part attacked, the characteristic result is a dystrophic sclerosis, that is, a combination of an atrophic process in the parenchymatous or noble elements with a tendency to hyperplasia in the lower connective-tissue elements. He considers that in cases of chronic interstitial nephritis where the renal capsule is found, post-mortem, to be markedly adherent, there has been decided inflammation during life; and these cases, he thinks, are usually secondary to scarlet fever: where, however, the kidney, on post-mortem examination, is found to be somewhat atrophied and the capsule

may readily be stripped away, the chief process has been a degenerative one, and such cases he considers are most frequently found in old people. In arterio-sclerosis the heart, according to Dr. Weber, may be in some cases, almost entirely degenerative; the muscle-cells may then be seen atrophied in the parts furthest removed from the nourishing blood-vessels: in other cases, however, H. Huchard and A. Weber, of Paris, have shown that the dystrophic sclerosis may be accompanied by chronic perivascular inflammation. Hypertrophy of the heart he explains as being due to the mechanical obstruction caused by arterio-capillary-fibrosis of a large area of the periphery, though it may possibly be due also, as Huchard holds, to the fact that, owing to portions of the heart-wall itself having undergone a process of arterio-sclerosis—due to the minute cardiac arterioles having been similarly affected—the remaining healthy portion of the organ has more work to do.

Dr. Weber then discussed atheroma, and pointed out the very intimate connection with chronic inflammation in this, as in all other varieties of arterio-sclerosis; indeed, in his opinion, the term "dystrophy" ought strictly to include chronic inflammation, though of this latter term there is at present no strictly scientific definition. In dealing with atheroma of the orifices of the coronary arteries, he referred to the so-called "coronary" or "intermittent claudication" theory of angina pectoris, and explained that the term "intermittent claudication" is taken from the syndrome, or group of symptoms described by H. Bonley, jun., as "claudication intermittente" of the extremities in horses: he referred to English dictionaries of medicine in support of the use of the term in the English language.

He then briefly touched upon the treatment of angina pectoris by rest, nitrite of amyl and trinitrine, and remarked upon the use of iodides, which probably act in a twofold manner; firstly, by reducing the blood-pressure, and secondly, and chiefly, by their mysterious action in promoting absorption of the products of chronic inflammation.

On November 16th Dr. Oswald Browne read his paper on "The Care of the Dying." This was a subject, he said, of which little was taught, either in the wards or in the lecture-theatre, and on which there was but little written. He stated that the cause of death might arise in the heart, as in syncope and collapse, in the lungs, as in asphyxia, or in the nervous system, as in coma: that usually, however, the cause was to be found, not in any one of these alone, but simultaneously in any two or more. During the act of dying there is probably, he considers, no pain whatsoever,—a conclusion based upon the testimony of medical men of wide experience, and of those who have themselves been all but drowned. The fear of approaching death is, he thinks, exceedingly rare. He next discussed very thoroughly the question as to whether a patient should or should not be told of his approaching death, and unhesitatingly affirmed that, in his opinion, every adult patient had a right to be informed of his condition, not merely that he may

thus be enabled to settle, satisfactorily, his worldly affairs, but that he may have time also to reflect upon matters concerning his spiritual welfare. The evils which are said to arise from telling a patient of his approaching death are, he thinks, greatly exaggerated. Consciousness is often present at a much later stage than is usually anticipated, and the sense of hearing, which is the last of the senses to leave us, is frequently present when least suspected. Of the actual treatment of dying persons he considers quietness to be the most essential: the room should not be darkened, and plenty of cool fresh air should be allowed to enter. Milk, cream, yolk of egg, farinaceous food, and a little alcohol—the latter given in small doses and pretty frequently—often prove of use, though he warns members against overloading the stomach with unnecessary food, and also against the excessive pushing of stimulants. To relieve hiccough he recommends a mustard-plaster to the epigastrium, and a spoonful of aniseed-water to be taken frequently by the mouth; whilst change of posture will often relieve an attack of dyspnoea. Restlessness he stated to be frequently due either to a distended bladder, or to there being too many clothes on the bed: the treatment in either case is obvious. He strongly upheld the judicious use of morphia and of the various diffusible stimulants.

R. C. J. S.

The Cambridge Graduates of St. Bartholomew's Hospital.

ON Thursday, November 16, the eighteenth dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held at the Café Monico. The dinner passed off very successfully under the able chairmanship of Dr. Norman Moore, who, in proposing health and prosperity to the Club, made allusion to the large number of Cambridge men that in the past had served on the Staff of the Hospital.

Drs. Glover and Stack sang several songs, and Mr. Maitland gave the song which commemorated the foundation of a College by Dr. Caius.—Dr. Moore entertained the company with a piece of Irish folk-lore, which was received with great interest and applause.—The Master of Downing proposed the health of the Chairman in an amusing speech, and Mr. Wallis that of the Secretaries, which was responded to by Dr. Tooth, who regretted the absence through illness of Dr. Fletcher, his co-secretary.—Dr. Griffith, Mr. Jessop, Dr. Cautley, and Mr. George Paget were also present. The company separated at about eleven o'clock.

It will not be out of place here to put prominently before the graduates of Cambridge University who have joined St. Bartholomew's Hospital the history and object of this Club, if Club it can be called, where no subscription nor ballot for entrance exist.

In November, 1876, the late Mr. James Shuter called

together such Cambridge men as were about the Hospital at the time, with a view to founding a Club, which should consist of all graduates in Arts or Medicine who had ever entered at St. Bartholomew's; "in order," to use his own words, "that those members of the University already at the Hospital might have an opportunity of making the acquaintance of the new comers each year." We might well add, and to enable the new comers to become acquainted with each other, opportunities for which in the present enlarged state of the Cambridge Medical School are fewer than formerly. Since then the Club has met at dinner regularly in the Winter Session each year. It consists of nearly 300 members of men of all years, and invitations are issued to all parts of the kingdom. Among its members have been Sir George Paget, Sir George Burrows, Dr. Francis Harris, Dr. Frederick Farre, Dr. Robert Martin, and Dr. Steavenson. Its present roll includes the names of Sir George Humphry, Rev. George Henslow, Dr. Latham, the Master of Downing, Dr. Hensley, Dr. Moore, Professor A. Milnes Marshall, and Dr. Donald MacAlister, most of whom have occupied the chair.

The advantage of such an institution to men newly joined is too obvious to need much comment. The *esprit de corps* amongst those studying at the great Hospital is largely fostered by its numerous Clubs, and it is fitting that those hailing from Cambridge University should, in sympathy with the *genius loci*, be received into an association which is the connecting link between the two ancient foundations. It appears then to be the duty as well as the interest of the Cambridge men to support this Club, and they can do so by coming to the annual dinner themselves and inducing their friends to do the same. There is no pecuniary liability beyond that of the price of the dinner. The qualification for membership is simply a degree in Arts or Medicine. Gentlemen who have not already given their names are requested to write to Dr. H. M. Fletcher, 98, Harley Street, W.

St. Bartholomew's Hospital Smoking Concert Club.

THE second winter concert of this Club took place at St. James' Restaurant, on Saturday, December 2nd, Mr. P. Furnivall ably fulfilling the duties of the chair. The attendance at the concert was very good, the room being packed to overflowing. Proceedings commenced with a pianoforte solo by Mr. F. S. Newcombe, which was much appreciated. Mr. H. Coulter then sang "I Fear no Foe in Shining Armour," and, as an encore, "A Warrior Bold." His thoroughly artistic performance was received with great enthusiasm. Mr. R. G. Wallelt, who is quite an old favourite of the Club, played a banjo solo, "Caprice," which was encored. Mr. Wade came next and sang "The

Vagabond," and was followed by Mr. A. G. Haydon, who played a solo on the violin with great delicacy of execution. An encore was asked for by the Chairman, and willingly given. Mr. Walleit reappeared as a vocalist, his song, "Puff, Puff, Puff," being a source of great merriment. Mr. Weir sang "The Ship's Fiddler" and "The Skipper" in true nautical style.

The Hospital's poet-laureate, Mr. F. W. Gale, then appeared on the platform, and delighted his audience with some of his verses, arranged after a style which we have come to consider as typically his own. His topical allusions were most successful, each point being greeted with cheers by the students. His "Cultivated Tastes" was twice encored; as the second, he gave "The Accent On." The first part of the programme was worthily ended with Mr. R. Parker's song, "For You Alone," which he sang with much feeling.

In the second part mention must be made of Mr. G. H. Forman, who gave two banjo songs, his encore, "The Pride of Battersea," being very successful. Messrs. Gale and Birdseye's duet on "The Missing Word" elicited roars of laughter, and was twice encored; on the second occasion Mr. Gale appeared alone. Messrs. Newcombe, Walleit, Parker, and Coulter also reappeared. Mention must be made of Mr. N. Hobart, who kindly acted as accompanist. The proceedings terminated with "Auld Lang Syne" and "God Save the Queen."

Among those present were noticed Messrs. Lockwood, D'Arcy Power, and Waring, and Dr. Shore.

Too much praise cannot be given to the Secretaries, Messrs. P. W. G. Shelley and D. L. E. Bolton, for their energy in the cause of the Club. They are most ably supported by the Committee.

The next concert will take place on January 20th, 1894.

A. G.

St. Bartholomew's Hospital Photographic Society.

THE first general meeting of the Session of the above Society took place at the Hospital, on Wednesday evening, November 8th, when an exhibition of photographs taken by the members of the Society was held in the smoking room, which was converted for the time into a veritable Art Gallery. Some 300 photos, of all sizes, and certainly of all subjects, were on view; these represented the work of about 25 of the members. Several very fine pictures were among the exhibits, and the walls were hung with enlargements on three sides of the room. Especially worthy of note were the splendid Alpine scenes shown by Mr. Hepburn, 18 x 20 bromide enlargements from quarter-plate negatives, direct prints of which were also on view. Dr. Lewis Jones showed some extremely good sea-scape enlargements,—quite an exhibition in them-

selves. The president, Dr. Russell, had some remarkably good results in half-plates, printed on gelatino-chloride paper, and others in platino-type. A set of landscapes by Mr. Womack were much admired. Mention must also be made of a beautiful silver print—"A Winter Scene"—exhibited with others by Mr. Maxwell. One wall of the room was set apart for photos of a more technical character; viz. a selection of the official work of the Society for the past year. Some 30 prints were shown, from negatives of cases taken in the wards and curator's room, illustrating diseases and abnormalities of many kinds. Myxoedema cases were of the usual interest, photographs having been taken at various stages of the disease and during the treatment. This aspect of the Society's work deserves to be more widely known; and it may be mentioned here that the committee of the Society have recently received a testimonial letter from the museum authorities for the excellent way in which the work for the museum has been carried out during the year. And if the selection exhibited on the night in question was in any sense typical of the whole, it seems to have been well merited.

After the exhibits had been sufficiently examined and enjoyed, the company adjourned to the Anatomical Theatre, where lantern-slides were shown by Dr. Lewis Jones and Messrs. Womack, Collings, and Bennett, the lantern having been kindly provided by the school for the occasion.

Altogether a most interesting and profitable evening was spent, and the energetic secretaries of the Society, Messrs. Collings and Hussey, are to be congratulated on the success of the meeting. Great credit is also due to them and to the committee for the prosperous condition in which the Society appears to be.

The following cases have been photographed for the Museum during November:—

1. Betsy Greaves, Plastic operation for rodent ulcer.
2. John Munday, *Harley*, Lipoma.
3. Henry Perry, *Colston*, Facial paralysis.
4. Charlotte Clittick, *Hope*, Myxoedema.

Notes.

WE hear that the Governors of Christ's Hospital have decided that the boys of the school are not again to inhabit the ancient buildings, which are in far from a sanitary condition. We are told that, when the arrangements have been completed, the scholars will be distributed between the Preparatory School at Hertford and the new school at Horsham. We trust that the time is now not far distant when a portion of the land now occupied by Christ's Hospital will be purchased by the Governors of St. Bartholomew's, so as to provide space for developments in the direction of new Out-patient rooms, a new Residential College, and a Students' Club, all of which are much needed.

SPEAKING of the probable purchase of a part of Christ's Hospital by the Governors of St. Bartholomew's, *Truth*, in a recent number, appears to suppose that the land to be purchased will be used for the erection of new Wards. We have never heard that it is the intention of the Hospital authorities to build new Wards, and have always understood that the land is wanted to provide proper accommodation for the carrying on of the existing work of the Hospital. The buildings now used for the out-patient departments are very restricted, and an extension of them is urgently needed, so as to provide better accommodation for the enormous number of patients treated. Then, a new College is much needed, and better quarters for the Nursing and Resident Medical Staff. It is wholly impossible to carry out these improvements, urgently necessary to provide for the existing work, without the purchase of the land referred to.

MR. T. J. HORDER has passed the final examination for the Bachelor of Science degree in the University of London. His subjects were Mental and Moral Science, Chemistry, and Physiology. Amongst those who have passed this examination we note the name of Mr. E. C. Morland, one of the entrance scholars in Science of this year. His subjects were Mathematics, Zoology, and Physiology. He was educated at Owen's College.

DR. LOVELL DRAGE, of Christ Church, Oxford, and now practising at Hatfield, has recently taken his M.D. degree at Oxford.

MR. A. A. SHILLITOE has taken the M.B. and B.C. degrees at Cambridge.

MR. H. T. M. WHITLING was awarded the first place in order of merit at the examination for the M.B. degree of the University of Durham, and obtained a Second-class in Honours.

AMONGST the successful candidates at the recent examinations for Commissions in the Naval Medical Service we note the name of one Bart's man, Mr. C. R. Knightley, who took the second place in order of merit, gaining 2,692 marks.

WE hear that a movement is on foot on the part of the members of the Smoking Concert Club to become a constituent part of the Amalgamated Clubs.

A NOTICE has been posted on the Medical School Notice Board, stating that in future the House Physicians and Midwifery Assistants will be nominated to the Hospital authorities after a meeting of a Committee of the Physicians and Physician Accoucheur, to be held twice a year, in January and July. A similar Committee of the Surgeons will meet once a year in July to nominate the House-Surgeons for the ensuing October and April. Names of candidates for the House-Physiciancies and Midwifery Assistancies

are to be sent with a statement of their claims to the Warden before December 31st, 1893, for the coming April.

DR. EDMUND CAUTLEY has been elected Assistant Physician to the Belgrave Hospital for Children.

WE are glad to notice that at the Autumn Meeting of the London Scottish Golf Club, on Wimbledon Common, Frederick H. Carter, F.R.C.S., of Putney, an old St. Bartholomew's student, won the Wemyss Silver Challenge Cup. Score: 92—18=74.

IN Obstetric Medicine at the Honours Examination of the University of London, H. O. Davies, late H.S. to Mr. Smith, obtained the Scholarship and Gold Medal; and H. W. Armstead, late H.S. to Mr. Butlin, and J. Morrison, late Midwifery Assistant gained a 1st Class, with marks qualifying for the Gold Medal.

A CORRESPONDENT in the *Berliner Klinische Wochenschrift*, writing about the study of medicine in England, thus sketches the students: "They are quiet, retiring gentlemen, obliging to a foreigner who has been introduced to them. Anybody who is acquainted with English families knows that the well-educated middle classes in England live in a comparatively unpretentious style, and that in many circles no alcoholic drinks of any kind are taken. The consequence of this is that drinking bouts are unknown amongst English students, and you never hear of men wasting two or three terms in sheer idleness. The English student takes an interest in physical exercise, he finds amusement in cricket, football, and races. Anybody who has spent some time in England will have remarked the keen interest taken by all grades of the population in the competitions between the Universities and the schools. There is an athletic club also in every hospital school, which is always patronised and encouraged by the superiors. But students, many of whom are medical students, take an interest in other matters of a more serious kind. In the larger towns they form societies which devote their spare time and a good deal of money to the relief of the social misery existing there, by working somewhat after the fashion of missionaries."

MEDICAL STUDENT (*log.*).

Of I have I thought with troubled mind
(And often muttered—Quousque tandem ?)
How future Galens are maligned,
And no one seems to understand 'em.
Too long we've been misunderstood :
But now a sage has been inquiring,
He finds—as I felt sure he would—
That we're both quiet and retiring.

I knew 'twas wrong to call us "rough,"
And incorrect to term us "rowdy";

But oh ! to seize us by the scruff,
And say we're—that our minds are cloudy !
Yet policemen do, though Celsus cares
Not for potations alcoholic :
He puts them down—the sage declares—
With fervour almost apostolic !

We have to work ; we're never slack ;
He knows, our champion Teutonic.
'Tis very seldom we're "sent back,"
There's no such person as a "chronic."
We have to work : it's not all play,
Or idle sport with Amaryllis :
The times have changed since Sawyer's day.
What's more, mutamur nos in illis.

I knew the men of King's and Bart's,
St. Thomas's and eke St. Mary's
Oft sent their cash to foreign parts,
But are they really missionaries ?
Accept our warmest thanks, kind sage,
Nought has escaped your observation.
Would you mind telling me your age ?
And where you got your information ?
—From the *Pall Mall Gazette*.

* * *

MR. C. W. GRANT having vacated the office of Vice-President of the Abernethian Society, has been succeeded by Mr. Percy Furnivall, who was elected by a large majority against Mr. H. J. Paterson.

* * *

THE Amalgamated Club's *Year Book* for 1893-94, which has unfortunately been delayed, is now being printed, and will, we hope, be in the hands of members shortly.

* * *

DR. C. F. MARSHALL has been appointed Surgical Registrar to the Children's Hospital, Great Ormond Street, *vice* Mr. E. P. Paton, resigned. Dr. Marshall is M.D., Ch.B., and B.Sc. of Victoria University, and F.R.C.S. England. He is a brother of Professor Milnes Marshall, F.R.S., of Owen's College, Manchester.

* * *

THE final M.B. London Pass List is, from the point of view of Bart's men, highly satisfactory. There are seven Bart's men in the 1st Division, and eight in the 2nd Division, a total of fifteen. The school which comes nearest to this is University, with eleven passes, mostly in the 2nd Division ; St. Mary's have seven ; Guy's only four. Our number of passes, therefore, is greatly in excess of those of any other school. This result forms one of the best possible answers to a leading article in the *Medical Press and Circular* of November 1st, in which it is said that "St. Bartholomew's is falling from its position of a great medical school." We do not find very much evidence of decadence in these results. They are largely due to the unrivalled clinical advantages and teaching which we have, but also in

no small measure to the excellent M.B. tutorial classes of Dr. Kanthack, Dr. Garrod, Dr. Calvert, and Mr. Roberts. The thanks of all Bart's men are due to these teachers.

* * *

MESSRS. A. N. WEIR, H. Rochfort Brown, and Miles, have recently passed the final Fellowship Examination, and have received the diploma of F.R.C.S.

Examination Papers.

OCTOBER, 1893.

UNIVERSITY OF LONDON.—M.B. PASS EXAMINATION.

MEDICINE.

1. Give a concise account of the principal forms of dyspnoea, stating the cause in each case and the treatment indicated.
2. Describe the symptoms, course, and complications of Measles, with the treatment you would adopt.
3. Give a description of Sciatica, its diagnosis, causation, and treatment.
4. Describe the chief variations met with in the course and termination of Acute Lobar Pneumonia, including its more important complications and sequelæ, with the signs and symptoms by which they may be recognised. What micro-organisms may be found in the sputum of this disease ? Discuss their ætiological importance.
5. What are the chief predisposing causes of Arterial Hemorrhage in the Brain ? In what parts is it most likely to occur, and what are the immediate symptoms to which it may give rise ?
6. Describe the anatomical changes and symptoms produced by a Hydatid Cyst in the Liver, and its distinction from other forms of hepatic enlargement. What may be the course and termination of the disease, if untreated, in different cases ?

GENERAL PATHOLOGY, &c.

1. Give a general account of Carcinoma, distinguishing its chief varieties, and pointing out how it differs from Sarcoma.
2. Mention the chief drugs employed in the treatment of disordered gastric digestion, with their doses and modes of action.
3. State the period of incubation and the date of eruption in Measles, Scarlatina, Chicken Pox, and Smallpox. How long does the danger of infection last in each case ?
4. Give an account of the pathology of Lardaceous Degeneration, including the condition of the parts affected, the chemical nature of the substance, and the tests by which it may be recognised.
5. Discuss the therapeutical of baths and other means of applying water to the skin in the treatment of internal diseases or morbid conditions, and describe fully the methods employed.
6. What are the general principles which should be observed in the construction of drains for town houses ? Give examples of the deleterious effects which may result from defective drainage.

SURGERY.

1. Describe the various dislocations of the ankle-joint, and the methods of reduction. How may this dislocation be distinguished from Subastragaloid Dislocation, and from Pott's fracture ?
2. Describe a carbuncle, giving its cause, pathology, differential diagnosis and treatment.
3. State the causes of retention of urine (a) in a boy ; (b) in an adult male ; (c) in an elderly man. Describe the treatment you would adopt in each class of case.

FORENSIC MEDICINE.

1. Discuss the condition known as rigor mortis. In what order are the various parts of the body affected ? What conditions modify (a) the time at which rigor mortis appears ; (b) its duration ?
2. Describe the characteristic appearances of the male and female skeleton which are relied on to distinguish the sex.
3. What are the symptoms, treatment and post-mortem appearances of poisoning with tartar emetic ? How would you detect antimony in the vomit ?
4. Contrast the post-mortem appearances due to poisoning by (a) corrosives ; (b) irritants, and name three poisons typical of each group.
5. How would you proceed to examine, for medico-legal purposes, a stab on a dead body ? What are the distinguishing features of stabs inflicted before and after death ?
6. What are the appearances in the living and in the dead subject produced by the occurrence of abortion at about the fifth month of gestation ?

OBSTETRIC MEDICINE.

1. Describe the changes which normally take place in the shape of the female pelvis from infancy to adult life; and the influence of the body-weight in producing these changes.
2. What are the chief causes of lingering, as distinguished from obstructed, labour? Give the treatment (a) during the first stage, (b) during the second stage of labour.
3. Give the diagnosis and treatment of a case of severe hæmorrhage at the seventh month of pregnancy, the os uteri being closed, and the head felt to be the presenting part.
4. Describe the methods for inducing (a) abortion, and (b) premature labour, with their relative advantages and disadvantages.
5. How is prolapse of the uterus produced? Give the treatment of a case in which the whole uterus is habitually prolapsed beyond the vulva.
6. Describe the commonest causes of swelling of the labium majus and their diagnosis.

CONJOINT BOARD.

OBSTETRIC MEDICINE.

1. Describe the naked-eye characters of the healthy placenta at full term. State how you would examine the placenta and membranes to see if their expulsion is complete.
2. Describe the mechanism of labour in a face presentation with the chin posterior and to the right.
3. State the formation and structure of a fleshy or carneous mole. What signs and symptoms would lead you to suppose its presence?
4. A patient has behind the cervix uteri a rounded moveable swelling about as large as the normal body of the uterus. What may this be? How would you distinguish between the different swellings having the above characters?
5. What appearances may a still-born, *i.e.*, seemingly dead, child present? Classify such cases, and give your treatment of each variety.
Note.—Possible injuries received during birth are not required.
6. A non-pregnant woman is suffering from an interstitial or from a submucous myoma (fibroid tumour). Describe what serious symptoms may arise from the presence or from any change occurring in the structure of such tumours.

L.S.A.

OBSTETRIC MEDICINE.

1. Give as complete an account as you can of the use of ergot in parturition.
 2. Describe the mechanism of labour in a case where the breech presents with the sacrum pointing backwards and to the right. What are the chief complications that may be met with?
 3. Describe the shape, dimensions, and relations of the unimpregnated uterus in the healthy adult under the varying conditions of surrounding organs.
 4. Give as complete an account as you can of hydatidiform mole.
-
1. Give the etiology, symptoms, signs, and treatment in an ordinary case of multilocular ovarian cyst. What are the chief points in the diagnosis between it and a large fibroid tumour of the uterus?
 2. Explain the occurrence of lacerations of the cervix uteri, the complications they may give rise to, and the methods of treatment.

Correspondence.

SIR,—Referring to your notice concerning the Boxing Club in the last issue of the JOURNAL, the "singular reticence" of the officers of the Club may, I think, be satisfactorily explained by what follows. I myself, Mr. Editor, gave you a card containing information as to the Club, its officers, times of meeting, &c., some days before the JOURNAL went to press, but doubtless owing to your arduous duties you had either forgotten or mislaid it.

Also, for some days previous to this, a similar card was left at the cloak-room for a member of the Publication Committee, at his own request, but which does not seem to have reached him.

Trusting you will find space to insert the above explanation of our "singular reticence,"

I remain,

Yours very truly,

J. H. HUGO.

Dec. 4th, 1893.

[What we desire is not the list of officers and rules, which properly belong to the *Year Book*, but "News."—ED.]

DEAR SIR,—The object of this JOURNAL is, if I understand rightly, to serve as an interchange of ideas, relative, not only to our work, but also to our amusements.

If I may be allowed to act on this, I have a suggestion to make. A dance, I think, would be hailed by many of us with great satisfaction. Would it not be possible to get up something of the sort?

I would suggest a subscription dance, held in some public rooms, since I understand that the floor of the Great Hall is not considered equal to the strain of dancing.

The patronage of the Staff would, of course, be a *sine qua non*; but this, I venture to think, would be readily given if a representative Committee, chosen from the students, were to approach them upon the subject.

The election of the Committee must be the first step. Can we not arrange a meeting of the students for this purpose?

Trusting that this suggestion will be taken up by someone more capable than myself,

I am, dear Sir,

Yours truly,

A STUDENT.

St. Bartholomew's Hospital, E.C.,
2nd December, 1893.

Notices of Meetings and Fixtures.

ABERNETHIAN SOCIETY.

- Jan. 11—A. A. Bowlby, F.R.C.S., "Mid-sessional Address."
 „ 18—T. W. Shore, M.D., "Evolution of Medicine and Medical Teaching."
 „ 25—W. McAdam Eccles, F.R.C.S., "Acute Intussusception."
 Feb. 1—A. E. Garrod, M.D., "Causation of Rickets."
 „ 8—A. E. Cumberbatch, F.R.C.S., "Intra-cranial Complications following Middle-ear Suppuration."
 „ 15—W. P. Herringham, M.D., "Emphysema."

ATHLETICS.

RUGBY FOOTBALL, 1ST XV.

Dec. 16—London Welsh, away.

1894.

Jan. 10—Marlborough Nomads, at Surbiton.

„ 13—Wickham Park, at Lee.

„ 17—East Sheen, at Richmond.

ASSOCIATION FOOTBALL, 1ST XI.

Dec. 15—K.O.S.B.'s, at Plymouth.

„ 16—Plymouth, at Plymouth.

„ 20—

„ 23—Windsor and Eton, at Windsor.

1894.

Jan. 10—

„ 13—

„ 17—Casuals, at Hornsey.

V. M. S. C.

Recruits, in order to more quickly complete the number of drills necessary to be done before obtaining their uniforms, and those members of the corps desirous of becoming efficient early, are specially recommended to attend these company drills:—

Monday, No. 1 Company—Chenies Street (headquarters of Bloomsbury Rifles), at 5.15 p.m.

Tuesday, No. 3 Company—Charterhouse Square, at 4.30 p.m.; headquarters, Calthorpe Street, Gray's Inn Road, from 7 to 8 and 8 to 9 p.m.

Wednesday—Guildhall (counting two drills), from 7.30 to 9 p.m.

Friday, No. 2 Company—Greville House, Paddington (headquarters of Paddington Rifles), at 4 p.m.

Reviews.

EXAMINATION OF THE URINE by J. W. Legg, M.D., and H. Lewis Jones, M.D.—This little work is intended to supply the clinical clerk and student of medicine with a concise guide to the recognition of the more important characters of the urine. It is a very good little book, and every man who comes on to clerk ought to keep it in his pocket. It tells simply and thoroughly how to test for all the important contents of the urine, and contains some excellent illustrations of the crystals and casts commonly found. This edition is a great improvement on the first. It is much better arranged, and there are many additions. Some of the best figures are quite new. The "Cautions," which explain the chief fallacies of each test, and the mistakes most likely to be made, are especially valuable. (H. K. Lewis. Price 3s. 6d.)

MANUAL OF PRACTICAL ANATOMY, by D. J. Cunningham, Professor of Anatomy and Chirurgery, University of Dublin; vol. I. price 12s. 6d.

The book before us is a first instalment of a complete

work on practical anatomy, and deals with the arm, leg, and abdomen. In the preface the author rightly lays stress upon the importance of studying sections of the frozen body, in addition to the usual dissections which are made by the student. He points out that the student must not forget that in the course of an ordinary dissection the parts which are displayed are artificially separated from each other, and in consequence their true relations are disturbed. The order of dissection which is recommended is that which is followed in the University of Edinburgh, and differs in some points from the method adopted in our hospital.

The first section deals with the upper limb, and extends to 169 pages. In it the various structures are carefully described in clear and concise language, and in many places the text is supplemented by diagrams, which are mostly very good. The diagram on page 126, which shows the arrangement of the synovial membranes of the wrist is extremely good. The joints and their connections are particularly well done.

The second section deals with the lower limb and consists of 175 pages. The general arrangement is the same as the first section. The description of the synovial sheaths around the ankle is poor, and we miss here the clear diagrams which are found in the upper limb. The diagrams of the transverse sections of the different parts of the leg are particularly good and instructive.

The third section of 302 pages deals with the abdomen. It is the best part of the volume; the description of the peritoneum is very clear, and is supplemented by several good diagrams. It would, however, we think, have been much improved if a short account of its development had been added. The part dealing with the pelvic fascia and the perineal regions are some of the best chapters in the book.

It would have been better, and would have much improved the value of the book, if the paragraphs dealing with the topographical anatomy of the various parts had been more extended and complete, since this part of anatomy cannot be learned too early, and it is far too commonly neglected by the generality of students.

On the whole, we can congratulate the author on having produced an extremely valuable addition to the series of text books of practical anatomy, and if the second volume which completes the work reach the high standard of the first, we think that the book will become a formidable rival in popularity with the other much-used text books, Holden and Ellis.—(YOUNG PENTLAND.)

ACKNOWLEDGMENTS. — *Guy's Hospital Gazette*; *St. George's Hospital Gazette*; Balliere, Tindall & Co.: "Aids to Otolaryngology," "Aids to the Diseases of Children," "Diphtheria and its Treatment"; A. F. S. (letter); M. Laurence (letter); P. H. M. (prescription); J. de V. H. (letter).